

MEMBERSHIP APPLICATION FORM

WCCCP Membership Requirements

1. **Washington Comprehensive Cancer Control (WCCC) Partnership membership** is open to any *organization OR individual* that meets the following requirements:
 - a. Be a legally operating entity within Washington State (e.g., non-profit organization, for-profit corporation, governmental agency) OR be an individual (e.g. advocate, cancer survivor, concerned citizen) that is interested in working towards reducing the burden of cancer in Washington.
 - b. Endorse the mission, vision, roles, and values of the Partnership.
 - c. Agree to be identified as a Partnership member organization or individual.
2. **Official representatives of member organizations** of WCCC Partnership have the following rights and responsibilities:
 - a. Attend Partnership meetings regularly.
 - b. Vote to elect Partnership Steering Committee members representing member organizations and vote to adopt or reject bylaw amendments.
 - c. Serve on the Steering Committee (if nominated by the Nominating Committee and elected by the members) or on other Partnership committees.
 - d. Communicate their organization's viewpoints to the Partnership and inform their organization of the Partnership decisions and activities.
 - e. Support implementation of the state comprehensive cancer control plan by taking specific action within the member's own organization or in collaboration with other members or member organizations to help achieve one or more of the Partnership's priorities on a regular basis.
 - f. Agree to support and participate in efforts to evaluate implementation activities and to assess effectiveness in achieving plan objectives and goals.
 - g. Retain the right to resign their membership at any time.

3. **Individual members** of WCCC Partnership have the following rights and responsibilities:
 - a. Attend Partnership meetings regularly.
 - b. Vote to elect one Partnership Steering Committee member to represent individual members. (One permanent seat on the Steering Committee is reserved for individual members.)
 - c. Serve on the Steering Committee (if nominated by the Nominating Committee and elected by individual members) or on other Partnership committees.
 - d. Represent their individual views to the Partnership.
 - e. Support efforts to implement and evaluate the state comprehensive cancer control plan.
 - f. Retain the right to resign their membership at any time.

WCCC Partnership Membership Instructions

1. Fill out one application per organization. If you are not affiliated (or choosing not to be affiliated) with an organization please fill out an application as an individual member.
2. Organizational members complete Sections A, B, C and E.
3. Individual members complete Sections D and E.
4. Return application with original signature. Mailing instructions are covered in Section E.
5. Please return application by postal mail for membership consideration.

***Organizational members complete Sections A, B, C and E.
Individual members SKIP to Section D and E.***

A. Organization Information (Partner)

Name of Organization: _____

Mailing Address: _____ Physical Address: _____

Web Site Address: _____

Head of Organization (Director, CEO, etc.): _____

Name/credentials

Title

By signing here, your organization
agrees to comply with membership
requirements and bylaws.

Signature

Date

B. Official Organizational Representative to WCCC Partnership

Designated *official* representative: _____

Name/credentials

Title

Signature

Date

Mailing Address: _____ Physical Address: _____

Phone: _____ Fax: _____ E-mail: _____

Designated *alternate* representative: _____

Name/credentials

Title

Signature

Date

Mailing Address: _____ Physical Address: _____

Phone: _____ Fax: _____ E-mail: _____

C. Additional Staff Interested in Participating in WCCC Partnership

Please make additional copies of this page as needed.

Name: _____ Title: _____
credentials

Organization _____ Organization _____
Mailing Address: _____ Physical Address: _____

Phone _____ Fax _____ E-mail _____

Name: _____ Title: _____
credentials

Organization _____ Organization _____
Mailing Address: _____ Physical Address: _____

Phone _____ Fax _____ E-mail _____

Name: _____ Title: _____
credentials

Organization _____ Organization _____
Mailing Address: _____ Physical Address: _____

Phone _____ Fax _____ E-mail _____

Name: _____ Title: _____
credentials

Organization _____ Organization _____
Mailing Address: _____ Physical Address: _____

Phone _____ Fax _____ E-mail _____

Organizational members SKIP to Section E.

D. Individual Member Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

By signing here, you agree to comply
with membership requirements
and bylaws.

Name/credentials

Title

Signature

Date

E. Further Instructions

Upon receipt of this application, a member of the DOH WCCC Program staff will contact you regarding the WCCC Partnership Member Handbook and orientation to the Partnership. At that time we will also be asking about your interests as they relate to implementing the Washington State Comprehensive Cancer Control Plan's goals and objectives.

Name of person completing this form: _____ Phone: _____

Please return completed form to:

Washington State Comprehensive Cancer Control Partnership
c/o Kathryn Horwath
7211 Cleanwater Lane, Bldg. 13
P.O. Box 47855
Olympia, WA 98504-7855

If you have questions about this application, please contact Elisabeth Long at 360-236-3786 ~ elisabeth.long@doh.wa.gov or Garry Lowry at 360-236-3677 ~ garry.lowry@doh.wa.gov for assistance.